

County: Quitman
 Permit #: 43731
 Driller: Will Young
 Date drilling completed: 4-11-09

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P O Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L74
 L.S. Elevation: _____
 B-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name: Paul Fortner
 Mailing Address: Po Box 480
Sumner MS 38957
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location

Latitude: 34° 06' 24" Longitude: 90° 17' 35"
57 58
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec. 21 Twn 26N Rng 1W
 Distance Direction Nearest Town
5 Miles S of Lambert

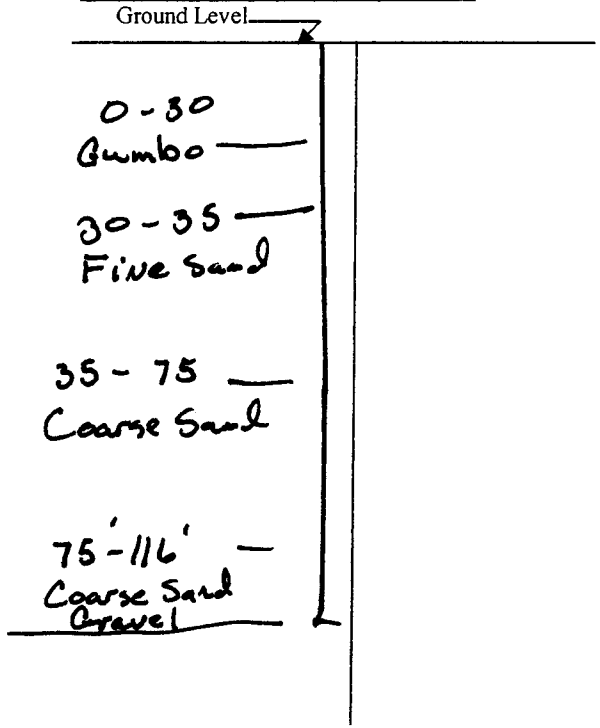
Well / Borehole Data

Date drilling started: 4-11-09 Date drilling completed: 4-11-09 Hole depth: 116' Hole diameter: 24"
 Location of the source of any surface water used for drilling: Local Ditch
 Method of dosing and volume of Chlorine used in drilling and development: N/A
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: N/A
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) N/A
(if drilling is not related to water well construction, skip the remainder of this block)

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve N/A Other (describe) _____
 Static Water Level: 20 feet above or below (circle one) land surface Date measured: 4-12-09
 Method of Measurement (circle one) reel tape electric tape air line other: _____
 Well depth: 116 Well grouted to a depth of 116 feet Type of grout (circle one): Near Cement Bentonite Mix
 Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: 050 inches Setting depth: From 76 feet to 116 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): N/A
 Top of lap pipe or reduction in casing: N/A feet *(if telescoped or more than one screen, describe on next page)*

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	30'
Five Sand	30'	35'
Coarse Sand	35'	75'
Coarse Sand Gravel	75'	116'

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

A hand-drawn sketch of a property layout. It shows two vertical parallel lines representing 'Railroad Tracks'. The text 'Railroad Tracks' is written vertically between the lines. Below the sketch, the landowner's name is written: 'Landowner Name: Paul Fortner'.

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Will Young UNR-1995 4-11

Print Name of Responsible Licensee and License No. Date

Will Young

Signature of Licensee

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JUL 25 2011
BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Ev. man
Permit #: _____
Driller: Will Young
Date completed: 4-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: L74
Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Paul Fortner</u>	Latitude: <u>34 6 48</u> Longitude: <u>90 17 58</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey <u>38</u>
_____	USGS quad _____, Hand-held GPS <u>27</u> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 SE 1/4 Sec 21 T26N R 1W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>S</u> of <u>Lambert</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify) _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>3500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-12</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Well yielded <u>3500</u> GPM with a drawdown of
Test Pumping Rate: <u>3500</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Will Young UNR-1995 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B

JUL 25 2011

BY: OLWR